

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C.H.		
O.I.P.E. CLASSIFIER	AS	32	105.11.01
FORMALITY REVIEW	AS	866	
RESPONSE FORMALITY REVIEW	Jk	885	11/26/01

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	105.11.01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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25-1
 25-14/01
 2-26-01